

**2020
Community Development Block Grant
(CDBG)
Application**



Beloit
WISCONSIN

Community Development Department
100 State Street
Beloit, WI 53511

Application Deadline:

A completed application, **plus nine copies**, must be submitted to the Community Development Department, Third Floor of City Hall, 100 State Street, Beloit, WI 53511 by **5:00 PM on August 16, 2019**. Proposals may be hand delivered or sent by mail, but **must be received no later than August 17, 2019 at 5:00PM**.

Funds may only be used for City of Beloit residents, not Town of Beloit or Town of Turtle residents.

If you have questions about the application or the CDBG process, please call Teri Downing (at 364-6705) or Ashley Rosenbaum (364-6738).

NOTE: The first page of your application should be page 4, titled "General Applicant and Project Information." Please do NOT include the cover page, this Application Deadline page, the Introduction page, or the Schedule with your application.

Introduction

Purpose of the Community Development Block Grant Program: Provide cities with funds to help meet the needs of low- and moderate-income residents and eliminate slums and blight.

CDBG Process: Each year the City of Beloit invites interested community groups and agencies to submit proposals for funding based on their program goals. Legal non-profit agencies (501(c)(3)) or municipal agencies are eligible to apply.

The Community Development Authority (CDA) will hold a special meeting to hear presentations from all applicants and ask questions. During the following regularly scheduled CDA meeting, the CDA will discuss the CDBG budget and recommend specific funding levels for each proposal. The proposed budget is then available for public comment for 30 days prior to final consideration by the City Council. A public hearing will be held during the 30 day public review period to give citizens and others an opportunity to provide input on the budget. The process takes several weeks, beginning in late July and ending in November.

The funds may not be available until the third quarter of the following year. Throughout the program year, the Community Development Department works closely with grantees to monitor their progress and compliance with federal regulations. If you are not sure if your program is eligible for funding, please check with the Community Development Department.

Funds may only be used to assist City of Beloit residents, not Town of Beloit or Town of Turtle residents.

Your Responsibilities as a CDBG Subgrantee

All CDBG recipients are responsible for maintaining accurate records of all expenditures, certifying that programs are reaching the target population, and performing annual audits of all financial records. **CDBG recipients must verify and document City of Beloit residency and U.S. legal status of all beneficiaries.** Recipients are also responsible for completing quarterly reports and submitting them to the City of Beloit, Community Development Department. Staff is available to assist you and will work with your organization to help you achieve success in your program.

Schedule of 2020 CDBG Budget Process

The following is a schedule of the meetings where action or discussion regarding the 2019 CDBG budget will take place. It is suggested that you contact the Community Development Department approximately one week in advance of a meeting you plan to attend to verify the time and location.

- | | |
|----------------------|--|
| July 15, 2019 | Public hearing during the City Council meeting in City Hall Forum to identify housing, homeless, public housing and community development needs. Applicants are not required to attend this meeting. |
| July 16, 2019 | CDBG applications are available. |
| August 16, 2019 | Application Deadline: Applications must be received by the Community Development Department by 5:00 PM or postmarked no later than August 16, 2019. |
| August 28, 2019 | Each applicant is required to give a presentation to the Community Development Authority. Each applicant will be notified of the date once scheduled. |
| September 25, 2019 | The Community Development Authority will meet to discuss proposed projects and make a recommendation to City Council regarding the 2020 Annual Action Plan, 2020 CDBG Budget, and the 2020-2024 Consolidated Plan. |
| Oct 1 – Oct 31, 2019 | 30-day public comment period on the 2020 Annual Action Plan, proposed 2020 CDBG Budget, and the 2020-2024 Consolidated Plan. |
| October 21, 2019 | A public hearing will be held during a regular City Council meeting. Citizens can offer input (Always 2 nd Meeting in Oct). |
| November 4, 2019 | City Council approval of the final the 2020 Annual Action Plan, 2020 CDBG Budget, and the 2020-2024 Consolidated Plan. |
| November 15, 2019 | Community Development staff submits the 2020 Annual Action Plan, 2020 CDBG Budget, and the 2020-2024 Consolidated Plan. |
| January 1, 2020 | The 2020 program year begins. Funds are not available until the City receives its grant award from HUD. |

DO NOT INCLUDE THE PREVIOUS FOUR PAGES WITH YOUR APPLICATION

Applicant and Project Information Summary

1. Organization or Agency Name:	2. Project Name:
3. Address	4. Amount Requested:
5. City, State, Zip	6. Phone Number:
7. Fax Number:	8. Executive Director/Chairperson: Email Address:
9. Agency DUNS #:	10. Agency CAGE/SAM #:
11. Contact Person 1: Email Address: Phone Number:	
12. Contact Person 2: Email Address: Phone Number:	
13. Legal Status: Private, Non-Profit <input type="checkbox"/> Municipal Department <input type="checkbox"/>	
14. Has this agency received CDBG funding in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>	
15. If yes, for approximately how many years?	

A. National Objectives

To be eligible for funding, the project and/or activity you are requesting funding for **must** address **one national objective**.

1. The project or activity described in this application directly benefits low- and moderate-income persons. Please check all that apply.

- ☐ The project meets the needs of low- and moderate-income persons. At least 51 percent of the participants or beneficiaries of the program must meet the low- and moderate-income guidelines listed in Appendix A.
- ☐ The project is located in a low- and moderate-income area. In this case, the project must meet the needs of the residents of one of the areas identified on the map in Appendix B. Typical activities funded are streets improvements, water and sewer lines, parks, and other public facilities.
- ☐ The project meets the needs of one of the following specific groups of people (low-mod limited clientele): abused children, elderly persons, battered spouses, homeless persons, severely disabled persons, illiterate adults, persons living with AIDS, and migrant farm workers
- ☐ This project provides housing assistance to low- and moderate income households. Fundable activities include housing rehabilitation, acquisition of property for housing, and homeownership assistance.
- ☐ This project creates or retains jobs for low- and moderate-income persons.
- ☐ The project described eliminates specific instances of blight or physical decay. The only activities to be funded under this category are acquisition, demolition or rehabilitation of buildings.

2. Explain how your program will address the national objective checked above.

B. Project Type

1. Please select the type of project you are requesting funding for – Please check all that apply:

Public Services – Includes labor, supplies, and materials including but not limited to those concerned with:

- _____ Senior Services
- _____ Handicapped Services
- _____ Legal Services
- _____ Youth Services
- _____ Transportation Services
- _____ Substance Abuse Services
- _____ Services for Battered and Abused Spouses
- _____ Employment Training
- _____ Crime Awareness/Prevention
- _____ Fair Housing Activities
- _____ Tenant/Landlord Counseling
- _____ Child Care Services
- _____ Health Services
- _____ Services for Abused & Neglected Children
- _____ Mental Health Services
- _____ Screening for Lead Poisoning
- _____ Subsistence Payments (one time or short term emergency payments on behalf of clients.)
- _____ Homeownership Assistance (not direct)
- _____ Rental Housing Subsidies
- _____ Security Deposits
- _____ Housing Counseling Only
- _____ Neighborhood Cleanups
- _____ Food Banks
- _____ Other Public Services

Non Public Services –

- _____ **Housing Rehabilitation** – labor, materials, and other costs related to rehabilitating houses
- _____ **Property Acquisition** – Acquisition of property for any public purpose which meets one of the national objectives
- _____ **Demolition** – Clearance, demolition, or removal of buildings and improvements, including movement of structures to other sites
- _____ **Code Enforcement** – Costs incurred for inspection of code violations and enforcement of codes in deteriorating or deteriorated areas
- _____ **Commercial or Industrial Rehabilitation** – The acquisition, construction, rehabilitation or installation of commercial or industrial buildings, structures, and other real property equipment and improvements, including railroad spurs or similar extensions.
- _____ **Micro-enterprise Assistance** – The provision of assistance to businesses having five or fewer employees, including the owner.
- _____ **Planning** – Costs of data gathering, studies, analysis, and preparation of plans and the identification of actions that will implement such plans
- _____ **Public Facilities and Improvements** – Acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and improvements
- _____ **Special Economic Development Activities** – Provision of assistance to a private, for-profit business and economic development services
- _____ **Fair Housing** – Provision of fair housing service and fair housing enforcement, education, and outreach.

2. Briefly explain how your proposed project fits into the category selected above.

C. Funding Priorities

The City of Beloit Community Development Authority (CDA) and City Council approved the following funding priorities for 2020 CDBG funds. *The updated NRSA Plan is available on the City's website at www.beloitwi.gov under Departments, Community Development. It is also available for viewing at City Hall, 100 State Street, Third Floor, in the Community Development department, and at the Beloit Public Library.

1. Select the funding priority that your project will meet:

- ☐ Code Enforcement
- ☐ Housing Rehabilitation
- ☐ Public Facility Improvements
- ☐ Fair Housing
- ☐ Public Service Programs that provide comprehensive case management services, with priority given to supportive housing programs, resource navigation, advocacy, education in life skills, job training, transportation, and activities which meet one of the Neighborhood Revitalization Strategy Areas (NRSA) objectives listed below.

(Choose one or more NRSA Objectives below for your activity)

Neighborhood Revitalization	
	Objective 1: Improve the quality of the housing stock
	Objective 2: Reduce the number of vacant and abandoned properties.
	Objective 3: Increase the percentage of long-term residents in the neighborhoods
Resident Empowerment	
	Objective 4: Increase programming for job training and life skills education.
	Objective 5: Create additional programming for youth and facilitate coordination between local agencies that provide services to youth.
	Objective 6: Increase the involvement of residents in their neighborhoods.
	Objective 7: Connect residents to financial and supportive resources they need to be successful.
	Objective 8: Improve race relations in the community

2. Explain how your proposed program/project will address the funding priority checked above.

D. Agency Summary

- 1. Briefly describe your agency. Include the length of time your agency has been in operations, the date of incorporation, the purpose of the agency, and the type of corporation.**
- 2. Describe your financial management department. Include how your agency will account for CDBG funds and follow the federal financial requirements.**
- 3. Provide the name(s) of your accountant/financial staff.**
- 4. Provide the name of your organization's Treasurer(s).**
- 5. What is the geographic area to be served? Attach a map if the project is not City-wide.**

E. Project Summary

- 1. Summarize the project for which you are requesting funding. What services will be provided?**
- 2. How will you measure the success of the project? What do you intend to achieve through this project? What is the positive outcome of the project?**
- 3. How is your project unique to the City of Beloit? Are any services duplicated?**
- 4. Describe how you will provide on-going case management to the clients served by your project.**
- 5. What other agencies (within the City of Beloit and Rock County) does your agency work closely with to serve clients?**

F. Project Beneficiaries

1. Specify the population to be served by this proposal. Provide a brief description of the potential recipients including age, ethnicity, gender, and any other relevant characteristics.
2. How will you track beneficiaries' data (income)?
3. How will you verify and document U.S. legal status of your beneficiaries?
4. How will you verify and document that beneficiaries actually reside within city limits v townships?
5. Provide the following data on the number of individuals AND Households served by project:

Income Level	Number of individuals and households					
	2018		2019 to date		2020 Estimate	
	Individuals	HHs	Individuals	HHs	Individuals	HHs
81-100% CMI						
51-80% CMI						
31-50% CMI						

0-31% CMI						
-----------	--	--	--	--	--	--

CMI = County Median Income Adjusted for Household Size (See Attached Chart in Appendix A)

G. Timetable and Goals

1. Complete the table below to indicate how the program will accomplish the objectives and fully expend the funds during the funding cycle.

Dates	Services to be provided	Estimated # of individuals & HHs to be served		Budget per quarter
		Individuals	HHs	
Q1 – 1/1/20-3/31/20				
Q2 – 4/1/20-6/30/20				
Q3 – 7/1/20 – 9/30/20				

Q4 – 10/1/20 – 12/31/20				
-------------------------------	--	--	--	--

H. 2020 CDBG Project Budget

1. Use the table below to show how you propose to use 2020 CDBG funds for this project. Total must match total request for 2020 CDBG.

Type of Expenditure	Budget
Direct Wages/Salaries/Fringes	
Direct Program Expenses	
TOTAL*	

* Wages/Salaries/Fringes are only permissible for staff working **directly** with CDBG eligible clients*

2. If using the funds for wages/salaries, please list the following for each staff person working directly with CDBG clients to be paid out of CDBG:

Name	Title	Total Annual Salary	Total Annual Benefit Costs

--	--	--	--

3. Please provide detail on the remaining budget items.

4. Please provide **the budget for the ENTIRE PROGRAM in the box below**. Include CDBG and **ALL OTHER sources of revenue** for the program.

Support and Revenue	Last Year's Actual	Current Year's Budget	Next Year's Proposed
Community Development Block Grant (CDBG)			
Contributions			
Foundations & Venture Grants			
Special Events			
Legacies & Bequests (unrestricted)			
Collected through local member units			
Contributed by Assoc. Organizations			
Other Government Fees & Grants			
Blackhawk Region United Way			
All other United Ways			
Membership Dues			
Program Service Fees			
Sales-Materials, Services			
Sales to the Public/Product Sales			
Investment Income			
Misc. Revenue (not otherwise listed)			
Total Support and Revenue	\$	\$	\$
Expenses			
Salaries			
Employee Benefits			
Payroll Taxes			
Professional Fees			
Supplies			
Telephone			
Postage			
Occupancy (building, grounds, utilities)			
Equipment Rental & Maintenance			
Printing, Art Work, Publications			
Mileage for Staff			
Conferences, Conventions, Meetings			
Agency Dues			
Awards, Grants, & Individual Assistance			
Officers & Directors Liability Insurance			
Misc. Expenses (not otherwise listed)			
Total Expenses (Before Depreciation)	\$	\$	\$
(Deficit) or Excess (Revenue - Expenses)	\$	\$	\$
Depreciation			
Payment to National Organization			

I. AGENCY INFORMATION

Attach the following information to your application.

Incomplete information will result in your application not being considered.

1. **List of the Board of Directors**

A list of the current board of directors or other governing body of the agency must be submitted. The list must identify the principal officers of the governing body, name, professional contact information for board purposes including telephone number, address, and occupation or affiliation of each member. (Use attached table.)

2. **Articles of Incorporation**

Articles of incorporation are the documents recognized by the State as formally establishing a private corporation, business or agency.

3. **Non-profit Determination**

Non-profit organizations must submit tax-exemption determination letter from the Federal Internal Revenue Service and WI Department of Revenue. (Certificate of Exempt Status)

4. **Authorization to Request Funds**

Documentation must be submitted of the governing body's authorization to submit the funding request. Documentation of this requirement consists of a copy of the minutes of the meeting in which the governing body's resolution, motion or other official action is recorded.

5. **Designation of Authorized Official**

Documentation must be submitted of the governing body's action authorizing the representative of the agency to negotiate for and contractually bind the agency. Documentation of this requirement consists of a signed letter from the Chairperson of the governing body providing the name, title, address and telephone number of each authorized individual.

6. **Organizational Chart**

An organizational chart must be provided that describes the agency's administrative framework and staff positions, indicates where the project fits into the organizational structure, and identifies any staff positions for administration of the project.

7. **Audit**

Attach a copy of your latest audit or financial review if one was completed. (Include only **one** copy.)

Agency Name: _____

Board Members

Office	Full Name	Phone Number (Other than Agency Address)	Address (Other than Agency Address)	Email Address	Occupation/Affiliation
President/Chair					
Vice President/Chair					
Treasurer					
Secretary					
Ex-Officio					

(Attach more pages if necessary)

APPENDIX A

MAXIMUM HOUSEHOLD INCOME LIMITS (Effective 6-28- 2019)

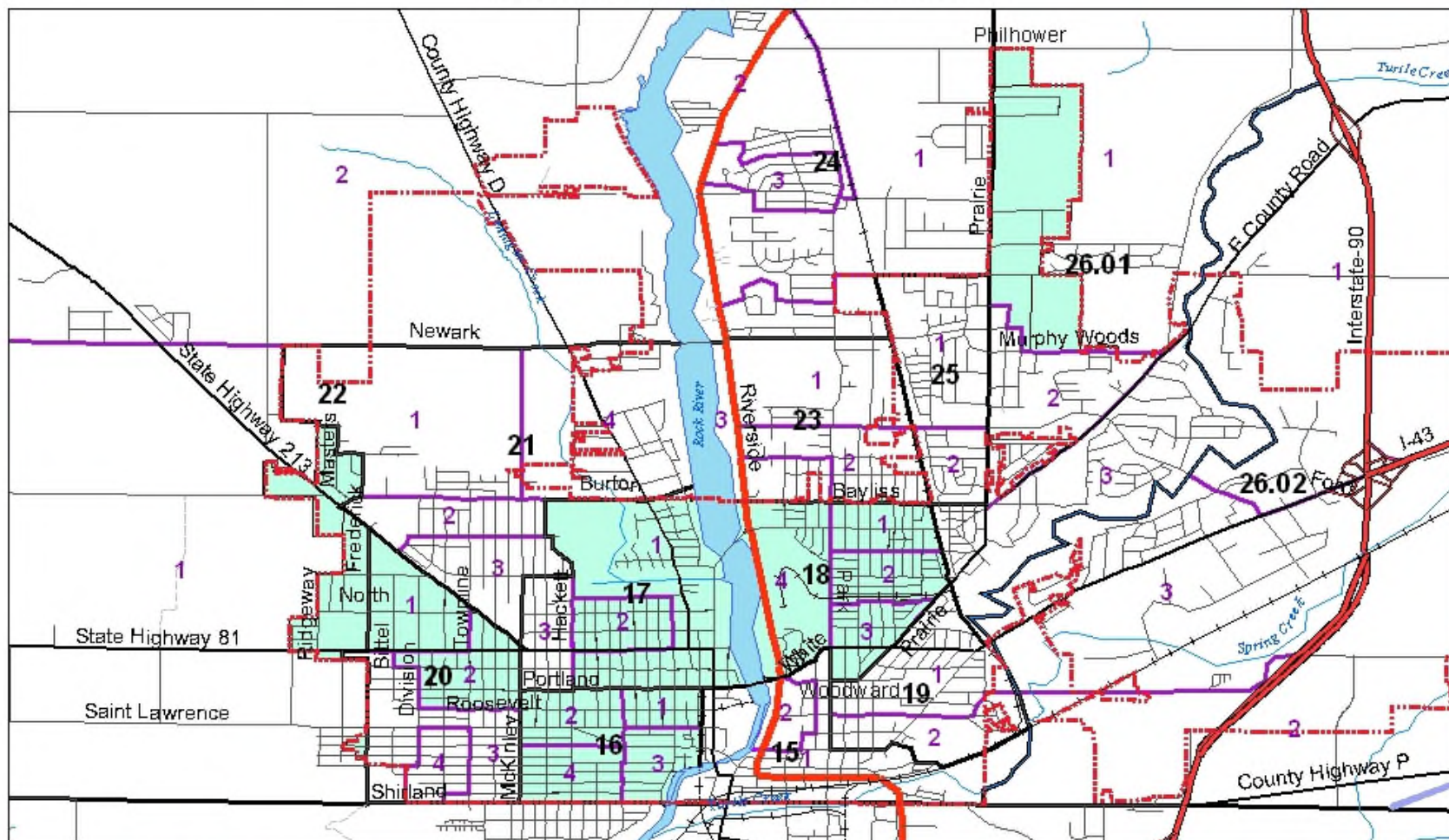
Size of Household	0 – 30% CMI Extremely Low Income	31 – 50% CMI Very Low Income	51 – 80% CMI Low Income
1-Person Household	\$14,350	\$23,950	\$38,300
2-Person Household	\$16,400	\$27,400	\$43,800
3-Person Household	\$18,450	\$30,800	\$49,250
4-Person Household	\$20,500	\$34,200	\$54,700
5-Person Household	\$22,150	\$36,950	\$59,100
6-Person Household	\$23,800	\$39,700	\$63,500
7-Person Household	\$25,450	\$42,450	\$67,850
8-Person Household	\$27,100	\$45,150	\$72,250

*per HUD EXCHANGE website: <https://www.hudexchange.info/resource/5334/cdbg-income-limits/>




Published June 2019, effective date 6-28-2019

** The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as [established by the Department of Health and Human Services \(HHS\)](#), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low income limits may equal the very low (50%) income limits.*

**2000 HUD - Defined
Low to Moderate - Income Areas**



Legend

-  2000 HUD Defined Low to Moderate Income Areas
 2000 Census Block Groups
 2000 Census Tracts



City of
BELOIT, Wisconsin
Geographic Information System

[illegible]